

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 JUN 26 AM 8: 49

CO FOL	(Instructions on back	of application	1)	mir u- a j
1. The n	name of the limited liability com	pany is:	CORRACY	OF STATE
Ad	cme R and R LLC	<b>,</b>	SIAIEUF	
2. The complete street and mailing addresses of the initial designated office:				
300 West D. AVE. #21 Jerome, 10 83338				
(Street	O. Box 21 Jeon g Address, if different than street address)			
3. The name and complete street address of the registered agent:				
5hann (Name	Halverson	300 W (Street Address)	est D. Ave. # 2	1 Derone,
The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>		Address	
_5\	nannon M. Halveson	30	o West D. Av	e. Jerone 10 8333B
		P.O. B.	0x211 Jerome	, ID 83338
5. Mailing address for future correspondence (annual report notices):  P.O. Box 211				
6. Future effective date of filing (optional): <u>SAME</u>				
Signature person.	e of a manager, member or a	authorized		
•	111111		Secretary of State u	se only
Typed Name: Shannon Mose Halveson			10AHO SECRETARY OF STATE 06/26/2014 05:00	
туреа ма	ille. <u>Inchnou Mose Hal</u>	<u>v.v.so</u>	CK:101 CT:2983	69 BH:1430801
Signature			10 100.00 = 100. 10 20.00 = 20.00	

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Typed Name: \_\_\_\_\_